

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6645	
In the Matter of the Conservatorship of	
FEE DECLARATION: CONSERVATOR	CASE NUMBER:

Instructions: This fee declaration is required for all fees requested in Conservatorships when requested by the Conservator of the Person and/or Estate. The declaration must be filled out completely and attachments should be used where additional space is needed. This form should not be used for Guardianships, Decedent's Estates or Trust matters.

Relationship of Conservator to the Conservatee: _____ (relative, friend, professional)

Type of residence of Conservatee: _____ (Skilled Nursing Facility, own home, board and care, etc)
 Level of care needed to maintain conservatee (24 hour care, independent): _____

Describe the Conservatee's ability to perform the following activities of daily living (use attachment if necessary):

Ambulation: _____

Bathing: _____

Transfer: _____

Toileting: _____

Personal Hygiene: _____

Dressing: _____

Feeding: _____

Other: _____

During This Accounting Period: (Complete the following)

Number of personal visits to Conservatee by Conservator: _____ agent for Conservator: _____
 (case manager, employee, independent contractor)

Number of hospitalizations or emergency medical treatment: _____ Changes in Residence: _____

Was a case manager or other person, besides the Conservator, retained to assist in the care and monitoring of the Conservatee?: ☐ yes ☐ no

If yes, list the name of case manager or other person, functions performed and if compensated by Conservator or estate (use attachment if necessary):

Name	Function	Compensated by Conservator (C) or Estate (E)

CASE NUMBER:

Describe the Conservator’s education, training or experience which qualifies him/her to act as conservator of the person/estate (use an attachment if necessary):

Did the Conservator retain a bookkeeper/accountant or other person to perform routine estate functions? : ☐Yes ☐ No.
If yes, name the bookkeeper or other person, the functions performed and whether or not compensated by the Conservator or estate (use an attachment if necessary):

Name	Function	Compensated by Conservtor (C) or Estate (E)

Did the Conservator retain a professional to advise/manage the Conservatee’s assets ? ☐ Yes ☐ No.
If yes, please describe the work performed, who performed the work, and how that person was compensated ?:

Was real or personal property of the estate sold during this reporting period?
☐ Yes ☐ No
If yes, please describe the items sold, the selling price, and the disposition of the proceeds:

	CASE NUMBER:
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Summary of Services Provided

List services provided by general category, total hours, hourly rate and total fee (for each general category of services, complete a corresponding attachment "7.702 Statement" and attach to this declaration. Common services are included with additional blank spaces for additional services.

SERVICE	TOTAL HOURS	HOURLY RATE	TOTAL FEE
Supervising and communicating with caregivers			
Communicating with health providers			
Visits to the Conservatee			
Purchasing food, clothing, supplies, etc			
Legal and insurance matters			
Arranging moves			
Communicating with family and friends			
Resolving expenses of last illness and disposition of remains			
Preparation of Accounting Petition			
Total:			

Total Fee and hours approved by the court during the previous reporting period: _____

Total Fee requested during this accounting period: _____

Number of months in this accounting period: _____

Total: Average monthly fee requested: _____